

Daily Work Production Schedule (5-ACI-5C-03)

Facility: _____ Date: ____ / ____ / ____ Meal: Breakfast Lunch Dinner Time: ____ / ____ Menu Week: _____ Menu Day: _____

Menu Item (5-ACI-5C-04M) <small>(Provide authorized menu and identify item(s) with *when a substitution occurred). Justify below **</small>		Amount Prepared	Portion Size	Food Temp. (Final Cooking Temp)	Food Temp. (On Serving Line)	Food Temp. (Transport Trays/ Bulk)	Food Temp. (Transport Trays/ Bulk)	Left Over-Red Ink Discard-Black Ink	Regular Diets		Comments <small>(i.e., Inmate Food Preferences, Garden Produce) (5-ACI-5C-02, b#4 5-ACI-5C-03)</small>				
									<u>Total Number Prepared:</u>						
									<u>Total Number Served:</u>						
Diet for Health (5-ACI-5C-06)		Vegetarian (Meat Free) (5-ACI-5C-07)		Kosher		Halal		Other		Snacks					
Menu Item	Portion	Menu Item	Portion	Menu Item	Portion	Menu Item	Portion	Menu Item	Portion		Food Item	Portion			
										Diabetic					
										<u>Total Number:</u>					
										Medication					
<u>Total Number Prepared:</u>		<u>Total Number Prepared:</u>		<u>Total Number Prepared:</u>		<u>Total Number Prepared:</u>		<u>Total Number Prepared:</u>							
<u>Total Number Served:</u>		<u>Total Number Served:</u>		<u>Total Number Served:</u>		<u>Total Number Served:</u>		<u>Total Number Served:</u>		<u>Total Number:</u>					
Sack Lunches		Food Evaluation (5-ACI-5C-05)			Inspection of Personnel / Workers (5-ACI-5C-11M b# 3 & 4)			Count		Individuals Fed		Temperatures (5-ACI-5C-13M, 5-ACI-5C-14)			
Food Item	Portion		Satisfactory	Unsatisfactory	Are personnel in good health, free from infections, open cuts or burns? <input type="checkbox"/> Yes <input type="checkbox"/> No			GP		Inmates		Refrigerators (35 ° F- 40° F)	Freezers (0° F or Below)	Storerooms (45 ° F- 80° F)	
		Appearance			Does personal hygiene meet standards (i.e. clean clothes, hands washed, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No					Staff/ Guests					
		Flavor						SHU		SHU					
		Palatability						Total		Total					
		Texture													
Total Number:															
Food Service Manager I / Food Service Specialist: _____ Food Service Manager II / III: _____								Sample Tray		Dish Machine (5-ACI-5C-13M)		3 Compartment Sink		**Reason for Substitution	
								Date:		Wash:		Sanitize ppm:			
								Time:		Final Rinse:					
										Sanitize ppm:					